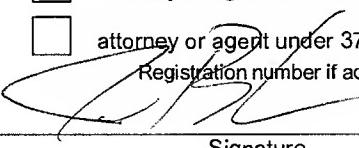


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009<br/>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>   |  | Docket Number (Optional)<br>358362011200 |
|---|--|--|
| Application Number  | 10/583,147                             | Filed August 2, 2007                     |
| For CURABLE COMPOSITION   |  |  |
| Art Unit 1767   | Examiner                               | M. A. Salvitti                           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |  |
|   | <u>Fee</u>                             | <u>Small Entity Fee</u>                  |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130                                  | \$65 \$ 130.00                           |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490                                  | \$245 \$ _____                           |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110                                 | \$555 \$ _____                           |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730                                 | \$865 \$ _____                           |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350                                 | \$1175 \$ _____                          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br>Deposit Account Number <u>03-1952</u> . |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form.<br>Provide credit card information and authorization on PTO-2038.   |  |  |
| I am the <input type="checkbox"/> applicant/inventor.   |  |  |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |  |  |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>45,640</u>  |  |  |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |  |  |
|    |  | March 10, 2011                           |
| Signature   |  | Date                                     |
| Jonathan Bockman  |  | (703) 760-7769                           |
| Typed or printed name   |  | Telephone Number                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  |  |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted. |  |